

[For SHPO use only]		
Received _____		
Minimum no. of meetings?	yes	no
Required training?	yes	no
Fully appointed commission?	yes	no
Has the commission been active?	yes	no
Has the commission accomplished at least one project?	yes	no
Comments:		
_____		
_____		
Approved/CLG in good standing	yes	no
More information requested _____		
_____		
Entered into database _____/_____		

**IOWA CERTIFIED LOCAL GOVERNMENT  
2015 ANNUAL REPORT (January 2015-December 2015)**

NAME OF THE CITY, COUNTY, OR LAND USE DISTRICT: \_\_\_\_\_

Section I.  
Locating Historic Properties  
Identification, Evaluation, and Registration Activity

CLG Standards found in CLG Agreement and National Historic Preservation Act

- ◆ The CLG shall maintain a system for the survey and inventory of historic and prehistoric properties in a manner consistent with and approved by the STATE.
- ◆ The CLG will review National Register nominations on any property that lies in the jurisdiction of the local historic preservation commission.

1. Please provide complete reports and site inventory forms from historic identification/survey, evaluation, and/or registration/nomination projects that your commission completed in 2015. Do not include projects that were funded with a CLG grant or mandated by the Section 106 review and compliance process as we already have these in our files.

2. How many National Register of Historic Places (NRHP) properties in your City, County, or LUD were altered, moved, or demolished in 2015? Please identify the property (historic name and address) and the action \_\_\_\_\_

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3. In 2015, how many additional properties (landmarks, sites, zones, or districts) did your city place on its list of **locally designated** historic landmarks and/or historic districts? (As a reminder, ***before*** your elected officials approve or change local districts or ordinances, you must send a copy to the State Historic Preservation Office for review and comment.) Please attach a copy of the final designation nomination(s) and ordinance(s).

Date the ordinance(s) reviewed and commented by SHPO \_\_\_\_\_

4. In 2015, what were the actions to revise, amend, change, or de-list a locally designated property? Please attach documentation of the review and appeal process and decisions made by the historic preservation commission, planning and zone commission, city Council, District Court or other governmental agency or official involved with the process. (use additional pages if needed) \_\_\_\_\_

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## Section II

### Managing, Protecting, and Preserving Historic Properties

- ◆ The CLG will enforce all appropriate state and local ordinances for designating and protecting historic properties
- ◆ The CLG shall provide for adequate public participation in the local historic preservation programs

4. Did your city, county, LUD or its historic preservation commission undertake any of the following activities in 2015? Please think broadly about this question and include any activity (small or large) that facilitated historic preservation in your community. This is your opportunity to boast about your accomplishments and get credit for the great work you do! (use additional pages if needed)

a. Historic preservation planning. Examples include the development or revision of an preservation plan, development of a work plan for your commission, etc. (use additional pages if needed) \_\_\_\_\_

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- b. Provided technical assistance on historic preservation issues or projects. Examples include working with individual property owners, business owners, institutions to identify appropriate treatments and find appropriate materials, research advice, etc. Please be specific (use additional pages if needed) \_\_\_\_\_

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- c. Sponsored public educational programming in historic preservation. Examples include training sessions offered to the public, walking tours, open houses, lectures, Preservation Month activities, etc. (use additional pages if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If the city or county amended its historic preservation ordinance or resolution or passed additional ordinances or resolutions that impact historic properties, please attach copies of the amendments and new ordinances or resolutions. *(As a reminder, before your elected officials approve local districts or ordinances, you must send a copy to the State Historic Preservation Office for comment.)*

7. If new or revised design standards and/or guidelines were developed and adopted during 2015, please attach a copy.

8. Are there any particular issues, challenges, and/or successes your preservation commission has encountered or accomplished this year? (use additional pages if needed) \_\_\_\_\_

\_\_\_\_\_

9. Does your commission have a website and if so, what is the address?

\_\_\_\_\_

### Section III

#### Historic Preservation Program Administration

- The CLG will organize and maintain a historic preservation commission, which must meet at least three (3) times per year.
- The commission will be composed of community members with a demonstrated positive interest in historic preservation, or closely related fields, to the extent available in the community.
- The commission will comply with Iowa Code Chapter 21 (open meetings) in its operations.
- Commission members will participate in state-sponsored or approved historic preservation training activities.

10. List dates of meetings held (please note these are meetings actually held with a quorum, not just those that were scheduled). \_\_\_\_\_

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11. Please update the attached CLG Personnel Information Table (this must be completed).

12. Please attach biographical sketches for commissioners who were newly appointed in 2015 or 2016. Please be sure newly appointed commissioners sign and date their statement.

13. Please complete the 2015 Commission Training Table.

PLEASE SIGN and DATE

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***Signature of person who completed this report***

***Date***

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***Signature of Mayor or Chairman of the Board of Supervisors***

***Date***

Please retain a copy for your official CLG file and send one hard copy with original signatures by February 27, 2016 to:

Paula A. Mohr  
State Historical Society of Iowa  
600 East Locust St,  
Des Moines IA 50319-0290  
[Paula.mohr@iowa.gov](mailto:Paula.mohr@iowa.gov)

If you have questions, please contact me at: (515) 281-6826.

Thank you for your timely response!

## 2015 Historic Preservation Training Table

An important requirement of the Certified Local Government program is annual training undertaken by at least one member of the historic preservation commission and/or staff liaison. In this table, provide information about the commissioners' involvement in historic preservation training, listing the name of the conference, workshop or meeting (including on-line training opportunities); the sponsoring organization; the location and date when the training occurred. Be sure to provide the names of commissioners, staff, and elected officials who attended.

Name of Training Session: **2015 Preserve Iowa Summit**

Sponsoring organization: **SHPO/Madison County Historic Preservation Commission**

Location: **Winterset, Iowa**

Date: **June 25-27, 2015**

Names of commission members, staff and elected officials who attended (*please note this must be completed. If no one attended, enter none.*):

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:

Sponsoring organization:

Location:

Date:

Names of historic preservation commissioners, staff and elected officials who attended:

Biographical Sketch  
Applicant for Historic Preservation Commission

NAME: (Mr. Mrs. Ms. Dr. *please circle one*):

ADDRESS:

WORK PHONE NUMBER WORK: (    )

HOME PHONE NUMBER: (    )

EMAIL ADDRESS:

INTEREST IN LOCAL HISTORY AND HISTORIC PRESERVATION (Describe education, employment, memberships, publications, and/or other activities which indicate your interest in and commitment to historic preservation; or provide a statement detailing your interest in local history and commitment to historic preservation; use extra sheets if necessary)

EDUCATION:

EMPLOYMENT:

INTEREST:

While serving on the \_\_\_\_\_ Historic Preservation Commission, I will work to insure that the commission enforces the Historic Preservation Ordinance/Resolution; upholds the CLG Agreement with the State of Iowa, and works in compliance with the Secretary of the Interior's Standards for Archaeology and Historic Preservation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2015-2016 CLG Personnel Table

A. Please list the names of the Historic Preservation Commissioners who served during 2015:

### B. CHIEF ELECTED OFFICIAL 2015

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

### CHIEF ELECTED OFFICIAL **2016 (note this is beginning January 2016)**

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees:

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

### C. STAFF PERSON FOR THE HISTORIC PRESERVATION COMMISSION

Mr. Mrs. Ms. Dr.

First Name:

Initial:

Last Name:

Job Title:

Mailing Address:

Phone Number: (     )

Email Address:

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                      Yes                      No

## **2016 HISTORIC PRESERVATION COMMISSION:**

Please complete the following and provide information about your new 2016 commission.

If the commissioner represents a locally designated district, provide the name of the district (Representative, Name of Historic District). Specify the month, day, and year that the commissioner's term will end (Term Ends). If a commission member serves as contact with the State Historic Preservation Office for the Commission, please circle yes. **Electronic and mailed communication will be sent to the staff person for the commission and the contact.**

### **CHAIRPERSON/COMMISSIONER**

Mr. Mrs. Ms. Dr.

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: (     )

Work Phone Number: (     )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Local Historic District:

Term Ends:    Month                      Day                                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                      Yes                      No



**VICE CHAIRPERSON/COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: (     )

Work Phone Number: (     )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Local Historic District:

Term Ends:    Month                  Day                  Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                  Yes                  No

**SECRETARY/COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: (     )

Work Phone Number: (     )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                  Day                  Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                  Yes                  No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: (     )

Work Phone Number: (     )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Local Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.   Circle                      Yes                      No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: (     )

Work Phone Number: (     )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month                      Day                      Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: ( )

Work Phone Number: ( )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Local Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No

**COMMISSIONER**

First Name

Initial

Last Name:

Mailing Address (please provide full mailing address including city and zip code):

Home Phone Number: ( )

Work Phone Number: ( )

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Local Historic District:

Term Ends: Month Day Year

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle                      Yes                      No